

220404
220405

CLASS C REINSTATEMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

DATE: 11-20-09

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 7443 2004-69-T
- ☐ Charter Certificate Number _____
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____

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NOV. 20 2009

ORS
T.T.W./W/W

My certificate was revoked/cancelled on 10-14-09 because not turning in
(DATE)

2008 annual report

I am seeking reinstatement because I would like to continue operating
a taxi

Desmond Abraham DBA _____
(Name of Company) (if applicable)

1636 E. Plow St, Lot D
(Street Address)

(Mailing Address if different from Street Address)

Florida, SC 29506
(City, State, Zip Code)

Desmond Abraham
(Signature)

843 495-1305
(Telephone Number)

Owner
(Title)

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T.T.W,W/M

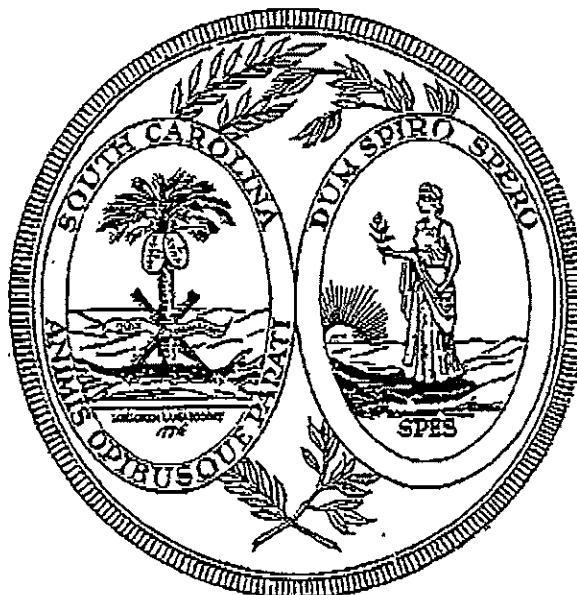
Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

☐ Calendar Year Ending December 31, 2008

OF

[] Fiscal Year Ending _____



STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
AND OFFICE OF REGULATORY STAFF
TRANSPORTATION CARRIERS ANNUAL REPORT
(For Class C - Taxi, Charter, & Non-Emergency)
FOR YEAR ENDING DECEMBER 31, 2008 OR FISCAL YEAR ENDING

CARRIER NAME Desmond Abraham

STREET ADDRESS 1636 E Pine St, Lot D

CITY, STATE, ZIP CODE Florence, SC 29506

MAILING ADDRESS Same

CITY, STATE, ZIP CODE _____

TELEPHONE NUMBER (AREA CODE) 843-445-1305

FEDERAL IDENTIFICATION NUMBER _____

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ORS
T,T,W,W,W

Operating Revenues:

1. Total Revenues \$ _____

Operating Expenses:

2. Salaries and Wages \$ _____ (employees)

3. Rent \$ 0 (vehicles, office)

4. Other \$ 6500.00 (expenses that are not included in the other categories)

5. Total Expenses \$ 6500.00

6. Net Operating Income (Loss) \$ 3500.00 (line #1 minus line #5)

7. Insurance Co. Name/Policy No. Southern United / SAU 0000190
No. of Vehicles Insured: 1

8. Decal Fees Paid YES (✓) No () No. of Vehicles _____
(through June of Current Year)

Affidavit

State of South Carolina

County of Florence

I, Desmond Abraham of the

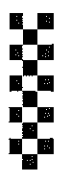
Desmond Abraham Company
hereby certify that the foregoing Annual Report was prepared by me or under my
supervision, that I have examined it, and that the items herein reported on the basis
of my knowledge are correctly shown.

Desmond Abraham

Signature

11-20-09

Date



STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for Reinstatement of Class C Taxi
Certificate

Desmond Abraham

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2009-277-T
2004 - 69 - T

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ORS
T.T.W.W.W

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Desmond Abraham

Telephone: 843-495-1305

Address: 1636 E. Pine St. Lot D

Fax: _____

Florence, SC 29506

Other: _____

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☐ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☒ Request for Reinstatement

☐ Other: _____

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NOV 23 2009

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form